County of US A DIA BUREAU OF VITAL STATISTICS State Index N. 136
District of ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 70
or R local Registrar's No
City of (NoSt;Ward)
FULL NAME OF CHILD Took Supplemental Report on blank of ainable from local registrar.    Born   YES   Alive   No.
Sex of Male Twin,  Child Male Triplet or other  And Sumber in order of birth mate?    Date of Jan 27 1917.
Name Perry Oroglio Full Maiden Name Culosa Cara
Color or Race W. Age at last 36 Or Race Of Age at last 99
Birthplace (Years)  Birthplace (Years)  Birthplace (Years)
Occupation for service
Number of child of this mother
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of the above child; and that it occurred on 27.0.7.9
cian or midwife, then the householder should make this return.  (Signature)  (Attending physicar) midwife the should make this return.
diven or Christian name added from a
supplemental report 191. Filed 1917 1917. Address
COUNTY REGISTRAR.  Filed Way 5 1917 A True Copy COUNTY REGISTRAR.  COUNTY REGISTRAR.